

**WASHINGTON MILITARY DEPARTMENT  
EMERGENCY MANAGEMENT DIVISION  
REQUEST FOR RESOURCES OR ASSISTANCE**

[Items marked with '⇒' will expand as necessary text is entered.]

Incident #:		Incident Name:			Request #:	
Jurisdiction:				Date / Time:		
Requestor's Name:				Requestor's Title		
Phone Number:				Call Taken By:		
Has resource been requested from any other source?				<input type="checkbox"/>	YES	<input type="checkbox"/> NO
If YES, describe:		⇒				
<b>BRIEF DESCRIPTION OF THE PROBLEM OR TASK TO BE ACCOMPLISHED:</b>						
⇒						
Is this an aviation request?				<input type="checkbox"/>	YES	<input type="checkbox"/> NO
If yes, indicate purpose:				⇒		
Have all local municipal or county government resources been exhausted or otherwise committed ?				<input type="checkbox"/>	YES	<input type="checkbox"/> NO
				(If answered "NO", local government sources must be utilized)		
Have all reasonably available local area commercial resources been exhausted or otherwise committed?				<input type="checkbox"/>	YES	<input type="checkbox"/> NO
				(If answered "NO", local commercial sources must be utilized)		
<b>RESOURCE REQUESTED / SUGGESTED BY CALLER TO SOLVE PROBLEM OR ACCOMPLISH TASK:</b>						
⇒						
<b>ACTION TAKEN BY STATE EOC:</b>						
⇒						
ACTION ASSIGNED TO	DATE / TIME	RESOURCE TYPE	NUMBER REQUESTED	NUMBER COMMITTED	DATE / TIME OF ETA	DATE / TIME COMPLETED
⇒						
TOTAL:						
<b>DETAILED RESOURCE CHARACTERISTICS:</b>						
Specific Resource Requested:			⇒			
Potential substitute:			⇒			
Capacity:			⇒			
Supporting Equipment, Fuel, Water, Etc.:			⇒			
Personnel Required to Operate / Support:			⇒			
Transportation Required:			⇒			
How Long is Resource Needed:			⇒			
Where to Deliver or Report:			⇒			
Report to Whom (Name, Title, Agency, Ph.#):			⇒			
<b>DEMOBILIZATION ACTIVITIES OR FOLLOW-UP CALLS TO BE MADE:</b>						
CALL TO:	PHONE NUMBER	DATE / TIME	DATE / TIME Action Completed / Notes			
⇒						
<b>Miscellaneous Comments &amp; Notes:</b>						
⇒						